FORM B10 (Official Form 10) (Rev. 4/98)  United States Bankruptcy Court SOUTHERN DISTRICTION FOR SOUTHERN DISTRICTION OF SOUTH OF SOUTHERN DISTRICTION	ICT OF TEXAS P.O.Box vision)	PROOF OF CLAIM			
Name of Debtors	Case Number				
Stage Stores, Inc., a Delaware corporation Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-35074 Creditor ID#: United States Bankruptcy Court Southern District of Texas FILED  JUL 0 7 2000  Iichael N. Milby, Clerk			
Name of Creditor (The person or other entity to whom the debtor owes money or property):  Knck Am — Radio	Check box if you are aware that anyone else a filed a proof of claim relating to your claim.  Attach copy of statement giving particulars.				
Name and address where notices should be sent:  ***********************************	Check box if you have never received any notices from the bankruptcy court in this caseCheck box if the address differs from the address on the envelope sent to you by the court.				
Account or other number by which creditor identifies debtor:	Check here replaces	riously filed claim, dated:			
1. Basis for Claim  Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other Other	Retiree benefits as defined in 11 L Wages, salaries, and compensation Your SS#: Unpaid compensation for services from (date)	on (Fill out below) performed			
2. Date debt was incurred: thru June 25-00	3. If court judgment, date of	otained:			
4. Total Amount of Claim at Time Case Filed: \$ \( \lambda \omega	te Item 5 or 6 below.	Attach itemized statement of all interest or			
<ul> <li>Secured Claim.  — Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral:  — Real Estate — Motor Vehicle  — Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$</li> <li>Amount of arrearage and other charges at time case filed included in secured claim, if any \$</li> </ul>	the bankruptcy petition or cessation of to U.S.C. § 507(a)(3)  Contributions to an employee benefit plus to \$1,950* of deposits toward purchasers personal, family, or household use - 11 Alimony, maintenance, or support owed 507(a)(7).  Taxes or penalties owed to government Other – Specify applicable paragraph or	unsecured priority claim  1:  \$4,300),* earned within 90 days before filing of the debtor's business, whichever is earlier - 11  an - 11 U.S.C. § 507(a)(4). ase, lease, or rental of property or services for U.S.C. § 507(a)(6). If to a spouse, former spouse, or child - 11 U.S.C. § tal units - 11 U.S.C. § 507(a)(8).  If 11 U.S.C. § 507(a).  If 13 U.S.C. § 507(a).			
<ul> <li>Credits: The amount of all payments on this claim has been credited and de the purpose of making this proof of claim.</li> <li>Supporting Documents: Attach copies of supporting documents, such notes, purchase orders, invoices, itemized statements of running accounts, contricular judgments, mortgages, security agreements, and evidence of perfection of DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.</li> <li>Date-Stamped Copy: To receive an acknowledgment of the filing of you enclose a stamped, self-addressed envelope and copy of this proof of claim.</li> </ul>	as promissory racts, f lien.	This Space is for Court-Use Only			
enclose a stamped, self addressed envelope and copy of this proof of claim.  Date Sign and print the name and title, if any, of the creditor or other (attach dopy of power of attorney, if any):	er person authorized to file this claim	458			

	IERN DISTRICT OF TEXAS P.O.Box Houston Division)	PROOF OF CLAIM					
Name of Debtors	Case Number						
Stage Stores, Inc., a Delaware corporation Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corp	<b>poration</b> 00-35080-H2-11	Creditor ID#: 788-33414					
*place an "x" beside the name of the Debtor you are fi against	iling a claim						
Name of Creditor (The person or other entity to whom the money or property):  Kcks Fm — (a do	debtor owes  Check box if you are awayone else a filed a proceed anyone relating to your claim.  Attach copy of statement giving particulars.	of of im.					
Name and address where notices should be sent:  ***********************************	Check box if you have never received any notices from bankruptcy court in this c	the					
Concordia KS 66901-0629	Check box if the address differs from the address envelope sent to you by court.						
Account or other number by which creditor identifies de	identifies debtor:  Check here replaces if this claim amends a previously filed claim, dated:						
<ul> <li>1. Basis for Claim</li> <li> Goods sold</li> <li> Services performed</li> <li> Money loaned</li> <li> Personal injury/wrongful death</li> <li> Taxes</li> </ul>	Wages, salaries, and comp Your SS#: Unpaid compensation for s	(date) (date)					
Other	(date)						
	3. If court judgment, da	(date)					
	3. If court judgment, day to tall for also complete Item 5 or 6 below.	ate obtained:					
2. Date debt was incurred:  4. Total Amount of Claim at Time Case Filed: \$ _ \ _ \ _ \ _ \ \ \ \ \ \ \ \ \ \ \ \	3. If court judgment, day  ty, also complete Item 5 or 6 below.  larges in addition to the principal amount of the  Check this box if you have a superiority of the court in t	ate obtained:  CV AMVM  claim. Attach itemized statement of all interest or  Claim.  ve an unsecured priority claim  ty \$					
<ol> <li>Date debt was incurred:</li></ol>	3. If court judgment, day  ty, also complete Item 5 or 6 below.  larges in addition to the principal amount of the  6. Unsecured Priority (  Check this box if you had Amount entitled to priority of the Wages, salaries, or commission the bankruptcy petition or cessed U.S.C. § 507(a)(3)  Contributions to an employee be Up to \$1,950* of deposits towal personal, family, or household Alimony, maintenance, or suppose to the priority of the Up to \$1,950* of deposits towal personal, family, or household alimony, maintenance, or suppose to the priority of the Up to \$1,950* of deposits towal personal, family, or household alimony, maintenance, or suppose to the Up to \$1,950* of deposits towal personal, family, or household alimony, maintenance, or suppose to the Up to \$1,950* of deposits towal personal, family, or household alimony, maintenance, or suppose to the Up to \$1,950* of deposits towal personal, family, or household alimony, maintenance, or suppose to the Up to \$1,950* of deposits towal personal, family, or household alimony, maintenance, or suppose to the Up to \$1,950* of deposits towal personal, family, or household alimony, maintenance, or suppose to the Up to \$1,950* of deposits towal personal alimony.	claim.  Claim.  Ve an unsecured priority claim  ty \$ e claim:  ns (up to \$4,300),* eamed within 90 days before filing of ation of the debtor's business, whichever is earlier - 11  penefit plan - 11 U.S.C. § 507(a)(4).  rd purchase, lease, or rental of property or services for					
2. Date debt was incurred:  4. Total Amount of Claim at Time Case Filed: \$	3. If court judgment, day  ty, also complete Item 5 or 6 below.  larges in addition to the principal amount of the  Check this box if you hat Amount entitled to priority of the Wages, salaries, or commission the bankruptcy petition or cessed U.S.C. § 507(a)(3)  Contributions to an employee below to \$1,950° of deposits towan personal, family, or household Alimony, maintenance, or supp 507(a)(7).  Taxes or penalties owed to gow Other – Specify applicable parameters.	claim. Attach itemized statement of all interest or Claim.  Claim.  Ve an unsecured priority claim ty \$ e claim:  Ins (up to \$4,300),* earned within 90 days before filing of ation of the debtor's business, whichever is earlier - 11  Denefit plan - 11 U.S.C. § 507(a)(4).  Ind purchase, lease, or rental of property or services for use - 11 U.S.C. § 507(a)(6).  In ort owed to a spouse, former spouse, or child - 11 U.S.C.  Itemmental units - 11 U.S.C. § 507(a)(8).  In ord 4/1/98 and every 3 years thereafter with respect to					
2. Date debt was incurred:  4. Total Amount of Claim at Time Case Filed: \$  If all or part of your claim is secured or entitled to priorit  Check this box if claim includes interest or other chi- additional charges.  5. Secured Claim.  Check this box if your claim is secured by collateral right of setoff).  Brief Description of Collateral:  Real Estate Motor Vehicle  Other All personal and intangible property of Debt  Value of Collateral: \$  Amount of arrearage and other charges at time case file	3. If court judgment, day  ty, also complete Item 5 or 6 below.  Iteration and addition to the principal amount of the  Check this box if you hat Amount entitled to priorically the priority of the Wages, salaries, or commission the bankruptcy petition or cessed U.S.C. \$507(a)(3)  Contributions to an employee be Up to \$1,950° of deposits towan personal, family, or household Alimony, maintenance, or supposor(a)(7).  Taxes or penalties owed to gove Other - Specify applicable para "Amounts are subject to adjustment cases commenced on or after the commenced on or	claim. Attach itemized statement of all interest or Claim.  Claim.  Ve an unsecured priority claim ty \$ e claim:  Ins (up to \$4,300),* earned within 90 days before filing of ation of the debtor's business, whichever is earlier - 11  Denefit plan - 11 U.S.C. § 507(a)(4).  Ind purchase, lease, or rental of property or services for use - 11 U.S.C. § 507(a)(6).  In ort owed to a spouse, former spouse, or child - 11 U.S.C.  Itemmental units - 11 U.S.C. § 507(a)(8).  In ord 4/1/98 and every 3 years thereafter with respect to					

KNCK / KCKS-FM BOX 629 CONCORDIA KS 66901

785-243-1414

\*\*\*\*\*\* STATEMENT \* \*\*\*\*\*\*

STAGE STORES REYNOLDS MEDIA SVC 2425 FOUNTAINVIEW #355 HOUSTON, TEXAS 77057

Date 06/26/00

Client Number 2 - 46

Bill Cycle: Std Broadcast Sales Staff # 1: HOUSE

Ref #	Posted	Qty	Description	 ·	Gross	Agy Disc	Tax	Amount	Balance
60801 60801	   06/ <b>2</b> 5   06/ <b>2</b> 5	   15     15	Balance Forward   KNCK-AM Commercials   KCKS-FM Commercials	       	185.25   185.25		0.00   0.00	185.25   185.25	852:14 1037.39 1222.64

Balance Due:

\$1,222.64

Payment due: 07/15/00

Last Pymt

Aging Analysis:

Ō-30 05/11 \$370.50

31-60 \$370.50

61-90 \$370.50 91-120 \$55.56

121+ Days \$55.58

1.5% INTEREST CHARGED MONTHLY ON UNPAID BALANCE BILLING PERIOD MAY 29 THRU JUNE 25, 2000